

## FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial\*** Statement of Organization
- ☒ This is an **amended\*** Statement of Organization

\* An initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM

DR-1

(Rev. 06/97)

STATEMENT

OF

ORGANIZATION

## For Office Use Only

Comm. # \_\_\_\_\_

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Computer \_\_\_\_\_

## COMMITTEE NAME (Required by law)

CALHOUN COUNTY DEMOCRATIC CENTRAL COMMITTEE

IMPORTANT: Indicate type of committee you are reporting for:

7

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

## COMMITTEE TREASURER

(Required by law)

(This address used for all reminders and correspondence)

## COMMITTEE CHAIR

(List additional officers on separate page)

See Attached Page

Name

MARTY MINNICK

Mailing Address

413 AUSTIN ST.

City, State Zip Code

ROCKWELL CITY, IA 50579

Home Phone (712) 297-8746

Day Phone ( ) same

Name NEW OFFICER-CO-CHAIR

FAITH BLASKOVICH

Mailing Address

2475 390TH ST

City, State Zip Code

LOHRVILLE IA 51453

Home Phone (712) 464-3454

Day Phone ( ) same

## INDICATE PURPOSE OF COMMITTEE - Check One Box



To support or oppose candidate(s)



To support or oppose ballot issue(s)

Comment or description:

## All Candidates Enter:

Office Sought: \_\_\_\_\_

District: \_\_\_\_\_

Political Party (if applicable) \_\_\_\_\_

Year Standing for Election: \_\_\_\_\_

## County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: \_\_\_\_\_

Date of Election: \_\_\_\_\_

## Bank Account Name

↓ ↓

Union State Bank - Checking Acct.

## Candidate Name &amp; Address or Parent Entity (PACs, if applicable),

↓ ↓

Affiliate, or Sponsor

Name of Financial Institution/Type of Account ↓ ↓

400 Main St.

Mailing Address ↓ ↓

Mailing Address ↓ ↓

Rockwell City IA 50579

City ↓ ↓

State ↓ ↓

Zip ↓ ↓

City ↓ ↓

State ↓ ↓

Zip ↓ ↓

Home Phone ( ) \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

## DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

(Statement of intent required by law for all committees, except state parties and central committees.)

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO \_\_\_\_\_ COUNTY CENTRAL COMMITTEE

(6) PRORATED REFUND TO CONTRIBUTORS

(2) DONATED TO \_\_\_\_\_ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE

(3) DONATED TO CHARITABLE ORGANIZATION

(CANDIDATES ONLY)

(specify) \_\_\_\_\_

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY)

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

## STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties (fines) under the disclosure law. I also understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Date Signed

Signature of Candidate or Chairperson (if a PAC)

Date Signed

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**COMMITTEE TREASURER**

(Required by law)

(This address used for all reminders  
and correspondence)

**COMMITTEE CHAIR**

(List additional officers on separate page)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

Name **OTHER NEW CO-CHAIR**  
**LYNNE GENTRY**

Mailing Address \_\_\_\_\_

**3120 KINGSLEY AVE.**

City, State Zip Code \_\_\_\_\_

**ROCKWELL CITY, IA 50579**

Home Phone (712) **297-7340**

Day Phone ( ) **same**